

# MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

## PART I: GENERAL INFORMATION

Type of Requestor: (X) HCP ( ) IE ( ) IC

Response Timely Filed? (X) Yes ( ) No

Requestor's Name and Address

Peter Polatin, M.D.

5701 Maple Ave., Ste. 100

Dallas, TX 75235

MDR Tracking No.:

M4-03-8356-01

TWCC No.:

Injured Employee's Name:

Respondent's Name and Address

Hartford Underwriters Insurance Company

Box 27

Date of Injury:

Employer's Name:

Insurance Carrier's No.:

## PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
7/16/02	7/16/02	99362 Physician/Team Conference	\$95.00	\$95.00

## PART III: REQUESTOR'S POSITION SUMMARY

That the physician has provided the main components of this level of billing and this treating doctor had taken one hour of his time to delegate and communicate care for this patient.

## PART IV: RESPONDENT'S POSITION SUMMARY

The submitted documentation does not indicate that the treating doctor conferenced with an interdisciplinary team comprised of multiple individuals (1996 TX MFG page 13, SEC XVIII B).

## PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

According to the 1996 MFG, Section XVIII B, page 13, Team Conferences (99361-99362) are defined as follows: A conference coordinated by the doctor with an interdisciplinary team outside of an interdisciplinary program to assist in the development of treatment plans and coordinate activities of patient care. Only the coordinating doctor may bill for team conferences. In accordance with Rule 133.307 (g)(3)(A-F), the requestor submitted relevant information to support delivery of service. On 7/16/02, the treating doctor had a conference with the rehab nurse regarding the patient's current status/complaints, findings, and functional release with restrictions on lifting, grasping, and reaching.

## PART VI: DETAIL FINDINGS (If needed)

**PART VII: COMMISSION DECISION AND ORDER**

Based upon the review of the disputed healthcare services, the Medical Review Division has determined that the requestor is entitled to additional reimbursement in the amount of \$95.00. The Division hereby **ORDERS** the insurance carrier to remit this amount plus all accrued interest due at the time of payment to the Requestor within 20-days of receipt of this Order.

Ordered by:

  
Authorized Signature

Regina Cleave

Typed Name

June 9 2005

Date of Order

**PART VIII: YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the Decision and has a right to request a hearing. A request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings/Appeals Clerk within 20 (twenty) days of your receipt of this decision (28 Texas Administrative Code § 148.3). This Decision was mailed to the health care provider and placed in the Austin Representatives box on 6-10-05. This Decision is deemed received by you five days after it was mailed and the first working day after the date the Decision was placed in the Austin Representative's box (28 Texas Administrative Code § 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings/Appeals Clerk, P.O. Box 17787, Austin, Texas, 78744 or faxed to (512) 804-4011. A copy of this Decision should be attached to the request.

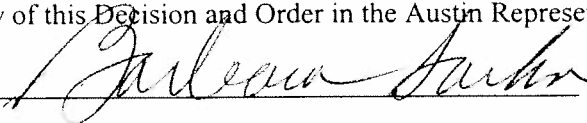
The party appealing the Division's Decision shall deliver a copy of their written request for a hearing to the opposing party involved in the dispute.

Si prefiere hablar con una persona in español acerca de ésta correspondencia, favor de llamar a 512-804-4812.

**PART IX: INSURANCE CARRIER DELIVERY CERTIFICATION**

I hereby verify that I received a copy of this Decision and Order in the Austin Representative's box.

Signature of Insurance Carrier:



Date:

6-13-05